

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-021043**

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 71

**FILED JUN 3 1963**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>PLEASANT HILL.</b>	
Length of stay in lb <b>10 DAYS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO.</b>		d. STREET ADDRESS (If outside, give location) <b>PLEASANT HILL, TWP.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ELMER BRYAN SMITH</b>			4. DATE OF DEATH <b>MAY 15 1963</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1898</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and state or country) <b>PLEASANT HILL, ILL.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>					

13a. FATHER'S NAME <b>HERSCHEL SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA ANN HUGGARD</b>		14. NAME OF HUSBAND OR WIFE <b>ERMYL SMITH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>* Mrs. Ermyl Smith</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction with Pulmonary Edema</b> DUE TO (b) <b>Renal Failure</b> DUE TO (c) <b>Gangrene of Stomach and Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>one week post cholecystectomy</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>5-5-63</b> to <b>5-15-63</b> and last saw him alive on <b>5-15-63</b>	
Death occurred at <b>11-50 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>W. Joe Martin</b> (Degree or title)	22b. ADDRESS <b>Louisiana, Mo.</b>	22c. DATE SIGNED <b>5-20-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5/18/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WELLS</b>	23d. LOCATION (City, town, or county) <b>PLEASANT HILL, TWP. PIKE CO. ILL.</b>
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24. FUNERAL DIRECTOR <b>WARD FUNERAL HOME</b>	25. DATE RECD. BY LOCAL REG. <b>5-20-63</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collins</b>
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WARD FUNERAL HOME PLEASANT HILL, ILL.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank Ward, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Ward

Licensed Embalmer No. 6062  
P. O. Address Pleasant Hill 20

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.